



HEADQUARTERS & FARGO WAREHOUSE

PO Box 699 - West Fargo, ND 58078-0699

1271 Fayland Dr N - Fargo, ND 58102

Phone: 701-282-8451 Fax: 701-282-9486

SIOUX FALLS WAREHOUSE

723 E Gateway Blvd - Tea, SD 57064

Phone: 605-368-5226

EMAIL COMPLETED APP TO: DSI@DSIAUTOMOTIVE.COM

NET 30 ACCOUNT APPLICATION

#1 - Business Information *ACCOUNTS WITH DSI ARE ONLY AVAILABLE TO VERIFIED BUSINESSES

Company Name (Legal & DBA) _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Main Phone _____ Parts Phone _____

Federal Taxpayer ID Number (W-9) _____ Date Business Founded _____

Business Type: Corporation Partnership Sole Proprietorship *Is a LIFTGATE needed? Yes No

List all Owners, Partners, and/or Company Officers

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Describe This Business _____

Current Suppliers _____

Do you own or have you previously owned another business? Yes* No

*If YES, under what name(s) _____

Authorized Buyers & Titles

Do you want to receive an invoice email? (circle one)

Name/Title _____ Email _____ Invoices: Y / N

Name/Title _____ Email _____ Invoices: Y / N

Name/Title _____ Email _____ Invoices: Y / N

#2 - Accounting Information

Type of Account Terms: Net 30 Days – Full payment due within 30 days

Purchase Order Required? Yes No Any special instructions for PO: _____

Account Payable Contact: Name _____ Phone _____

Statement Email _____

Invoices Email (If different than above) _____

INTERNAL USE ONLY	Bank _____ S1 _____ S2 _____ S3 _____	Sales Rep _____
	<input type="checkbox"/> Approved - Limit \$ _____ Acct # _____	Reviewed By _____
	<input type="checkbox"/> Denied _____ B C E S L W T	Date _____

#3 - References

* ALL FIELDS MUST BE COMPLETED FOR PROCESSING

Bank Name _____ Account No. _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Contact Names _____

Supplier #1 _____ Account No. _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Contact Names _____

Supplier #2 _____ Account No. _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Contact Names _____

Supplier #3 _____ Account No. _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Contact Names _____

#4 - Sales Tax Exemption Certification

State tax laws require us to maintain a **Certificate of Resale** or **Processing Certificate** on file for all customers claiming sales tax exemptions. However, some goods or services may still be taxable despite having a Resale Certificate. ****A copy of Tax Certificate must be included.**

Do you claim an exemption from State Sales Tax? Yes (complete below) No (charge tax on all orders)

We hold Sales and Use Tax Permit No. _____ from the State of _____. As a business engaged in the sale of products, we certify that the products and/or services purchased from DSI are intended for resale. We acknowledge our responsibility for any applicable taxes on products acquired from DSI that do not qualify for tax-exempt status, including those for our own use or consumption.

#5 - Verification & Release of Information Consent

"I have completed the Account Application and State Sales Tax Certification and I verify that all provided information is true and accurate. I authorize DSI Automotive Products to evaluate our creditworthiness by any means necessary, including obtaining information from our current or past banks and creditors.

I acknowledge that if DSI must collect delinquent payments, all associated costs—including collection fees, attorney expenses, and court-related costs—will be our responsibility. If granted a charge account, I agree to Net 30 payment terms, with payment due 30 days from the invoice date. I also understand that a late payment charge of 1.75% per month will be applied to overdue invoices and that credit card terms will apply if our account becomes past due."

Print Name _____ Date _____

Signature _____ Title _____